

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43484**
367

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5007		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MACON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SALT RIVER TWP		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JOHNSON TWP		0010	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MI. SW - BRASHEAR				d. STREET ADDRESS (If rural, give location) 6 MI. - EAST LAPLATA			
3. NAME OF DECEASED (Type or Print) ROBERT		a. (First) WILSON		b. (Middle) PETREE		c. (Last)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 7 1861	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (State or foreign country) DECATUR COUNTY - INDIANA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANDREW PETREE		13b. MOTHER'S MAIDEN NAME ELIZABETH MONCRIEF		14. NAME OF HUSBAND OR WIFE LOUISA HODGES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME RAY PETREE ADDRESS BRASHEAR MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 493x				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fractured ribs		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home of Ray Petree - Salt River Twp Adair		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Adair MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25, 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in his bed room			
22. I hereby certify that I attended the deceased from Dec 23, 1950 , to Dec 24, 1950 , that I last saw the deceased alive on Dec 24, 1950 , and that death occurred at 5:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. M. Humphrey M.D.				23b. ADDRESS Brashear Mo		23c. DATE SIGNED 12-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 31, 1950		24c. NAME OF CEMETERY OR CREMATORY HAZEL DELL		24d. LOCATION (City, town, or county) (State) EAST-LAPLATA-MACON CO. MO	
DATE RECD BY LOCAL REG. 12-31-50		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Caskey		ADDRESS Hurdland Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-116
Date Filed: JAN 24 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Geo B. Casley Jr

Licensed Embalmer No. 3753

P. O. Address

Hindland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.